BROWN COUNTY HEALTH CARE CENTER/BAYVIEW - FDD

2900 ST. ANTHONY DRIVE

GREEN BAY Phone: (920) 391-4700 Ownershi p: 54311 County Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: **FDDs** Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Yes Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/01): 64 No Total Licensed Bed Capacity (12/31/01): 64 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: **58** Average Daily Census: 59 ********************* **********************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	31/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	6. 9
Supp. Home Care-Personal Care	No					1 - 4 Years	27. 6
Supp. Home Care-Household Services	No	Developmental Disabilities	100. 0	Under 65	89. 7	More Than 4 Years	65. 5
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	6. 9		
Respite Care	No	Mental Illness (Other)	0. 0	75 - 84	3.4	•	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	0.0	**********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	0.0	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0. 0	İ	ĺ	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0. 0	65 & 0ver	10. 3		
Transportati on	No	Cerebrovascul ar	0. 0			RNs	6.8
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	8. 6
Other Services	No	Respi ratory	0.0		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	55. 2	Aides, & Orderlies	56 . 7
Mentally Ill	Yes			Femal e	44.8		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	Yes	Ì			100.0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther		I	Pri vate Pay	;		amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	Total Resi - dents	% Of s All
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				58	100.0	158	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	58	100.0
Traumatic Brain Inj		0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		58	100. 0		0	0.0		0	0. 0		0	0.0		0	0.0		58	100.0

Other Resident Characteristics

Receiving Psychoactive Drugs

100.0

77.6

Have Advance Directives

Medi cati ons

County: Brown BROWN COUNTY HEALTH CARE CENTER/BAYVIEW - FDD

Other Locations

Total Number of Discharges

(Including Deaths)

Deaths

Admissions, Discharges, and		Percent Distribution	of Residents'	Conditi	ons. Services.	and Activities as of 12/	31/01
Deaths During Reporting Period	d						
		[%	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	25. 0	Daily Living (ADL)	Independent	One (Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	12. 1		72. 4	15. 5	58
Other Nursing Homes	0.0	Dressing	34. 5		44. 8	20. 7	58
Acute Care Hospitals	0.0	Transferring	67. 2		17. 2	15. 5	58
Psych. HospMR/DD Facilities	50. 0	Toilet Use	56 . 9		17. 2	25. 9	58
Reĥabilitation Hospitals	0.0	Eati ng	53. 4		31. 0	15. 5	58
Other Locations	25. 0	*************	******	******	******	*********	*****
Total Number of Admissions	4	Continence		%	Special Treatm	ents	%
Percent Discharges To:		Indwelling Or Extern	al Catheter	0.0	Receiving Res	spi ratory Care	0.0
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	t of Bladder	44. 8	Receiving Tra	acheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	27. 6	Receiving Su	cti oni ng	1. 7
Other Nursing Homes	0.0	<u> </u>			Receiving 0s	tomy Care	0. 0
Acute Care Hospitals	0.0	Mobility			Recei vi ng Tul	be Feeding	0. 0
Psych. HospMR/DD Facilities	42. 9	Physically Restraine	d	6. 9	Receiving Me	chanically Altered Diets	34. 5
Rehabilitation Hospitals	0.0						
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1.7

3.4

With Pressure Sores

Skin Care

With Rashes

28.6

28. 6

7

	Thi s	I	FDD	Al l			
	Facility	Fac	cilities	Faci	ilties		
	%	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	92. 2	84. 6	1. 09	84. 6	1. 09		
Current Residents from In-County	87. 9	41. 3	2. 13	77. 0	1. 14		
Admissions from In-County, Still Residing	75. 0	17. 0	4. 40	20. 8	3. 60		
Admissions/Average Daily Census	6. 8	18. 6	0. 36	128. 9	0. 05		
Di scharges/Average Daily Census	11. 9	22. 2	0. 54	130. 0	0.09		
Discharges To Private Residence/Average Daily Census	0. 0	9. 4	0.00	52. 8	0.00		
Residents Receiving Skilled Care	0. 0	0.0	0.00	85. 3	0.00		
Residents Aged 65 and Older	10. 3	15. 8	0. 65	87. 5	0. 12		
Title 19 (Medicaid) Funded Residents	100. 0	99. 3	1. 01	68. 7	1. 46		
Private Pay Funded Residents	0. 0	0. 5	0.00	22. 0	0. 00		
Developmentally Disabled Residents	100. 0	99. 7	1. 00	7. 6	13. 19		
Mentally Ill Residents	0. 0	0. 2	0.00	33. 8	0.00		
General Medical Service Residents	0.0	0. 1	0.00	19. 4	0.00		
Impaired ADL (Mean)*	36. 9	50. 6	0. 73	49. 3	0. 75		
Psychological Problems	77. 6	46. 6	1. 66	51. 9	1. 50		
Nursing Care Required (Mean)*	5. 2	11. 0	0. 47	7. 3	0. 70		